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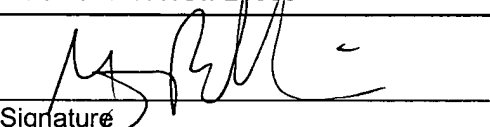
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22278 U.S. PTO  
10/777517

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## UTILITY PATENT APPLICATION TRANSMITTAL UNDER 37 C.F.R. § 1.53(b)

Attorney Docket Number	50164/026005
Applicant	Edward Roydon Jost-Price et al.
Title	METHODS AND REAGENTS FOR THE TREATMENT OF DISEASES AND DISORDERS ASSOCIATED WITH INCREASED LEVELS OF PROINFLAMMATORY CYTOKINES
<b>PRIORITY INFORMATION:</b>	
This application is a continuation-in-part of, and claims priority from, U.S. Utility Application No. 10/670,488, filed September 24, 2003, which claims the benefit of U.S. Provisional Application Nos. 60/413,040, 60/417,261, 60/427,526, 60/427,424, 60/464,753, filed September 24, 2002, October 9, 2002, November 19, 2002, November 19, 2002, and April 23, 2003.	
<b>SMALL ENTITY STATUS:</b>	
<input checked="" type="checkbox"/> Applicant claims small entity status under 37 C.F.R. § 1.27.	
<b>APPLICATION ELEMENTS:</b>	
Cover sheet	1 page
Specification	94 pages
Claims	12 pages
Abstract	1 page
Drawings	0 sheets
Combined Declaration and Power of Attorney, which is: <input checked="" type="checkbox"/> Unsigned; <input type="checkbox"/> Newly signed for this application; <input type="checkbox"/> A copy from prior application [**SERIAL NUMBER**] and the entire disclosure of the prior application is considered as being part of the disclosure of this new application and is hereby incorporated by reference therein.	4 pages
Sequence Statement	0 pages
Sequence Listing on Paper	0 pages
Sequence Listing on Diskette	0 disk
Preliminary Amendment	0 pages
Information Disclosure Statement	0 pages
Form PTO 1449	0 pages
Cited References	0 references

Recordation Form Cover Sheet and Assignment	0 pages
English Translation	0 pages
Certified Copy of Priority Document	0 pages
Non-publication Request under 35 U.S.C. § 122(b).	0 pages
Request for Deferral of Examination under 37 C.F.R. § 1.103(d)	0 pages
A Small Entity Statement	0 pages
Return Receipt Postcard	1
<b>FILING FEES:</b>	
Basic Filing Fee: \$385	\$385.00
Excess Claims Fee: 86-20=66 x \$9	\$891.00
Excess Independent Claims Fee: 13-3=10 x \$43	\$430.00
Multiple Dependent Claims Fee: \$290/\$145	\$0.00
Total Fees:	\$1,706.00
<input checked="" type="checkbox"/> Enclosed is a check for \$1,706.00 to cover the total fees. <input type="checkbox"/> Charge [ <b>**AMOUNT**</b> ] to Deposit Account No. 03-2095 to cover the total fees. <input type="checkbox"/> The filing fee is not being paid at this time. <input checked="" type="checkbox"/> Please apply any other charges or any credits to Deposit Account No. 03-2095.	
<b>CORRESPONDENCE ADDRESS:</b>	
*Paul T. Clark Reg. No. 30,162 Clark & Elbing LLP 101 Federal Street Boston, MA 02110	
Telephone: 617-428-0200 Facsimile: 617-428-7045	
<b>CUSTOMER NO.: 21559</b>	
 Signature	2/12/04 Date

Michael S. Belliven, Ph.D.  
 Reg. No. 52,608